## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 101582, 337

| CLAIMS AS FILED - PART I  |  |                                  |                                    |                     |   |                             |   | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                            |                        |
|---|--|----------------------------------|------------------------------------|---------------------|---|-----------------------------|---|---------------------|------------------------|-------------------------------|----------------------------|------------------------|
|   |  |                                  | (Column 1                          | 1)                  | (Co   | olumn 2)                    |   | RATE                | FEE                    | ſ                             | RATE                       | FEE                    |
| U.S. I  | NATIONAL ST                                    | AGE FEES                         | 0111 FNT - 0.450                   |                     | LABOE                                       | ENT - 6 200                 |   | BASIC FEE           | ,                      | OR I                          | BASIC FEE                  | 300                    |
| BASIC   | FEE  |                                  | SMALL ENT. = Satisfies PCT Artic   |                     | LARGE ENT. = \$ 300  All other situations = |                             |   |                     |                        | · •                           | EXAM. FEE                  |                        |
| EXAM  | INATION FEE                                    |                                  | (4) = \$50/\$<br>U.S. is ISA = \$5 | 100                 | \$ 100 / \$ 200                             |                             |   | EXAM. FEE           |                        |                               | EXAM: 1 EE                 | 200                    |
| SEAR  | CH FEE   |                                  | ALL other count<br>\$ 200 / \$ 40  | tries =             |   | er situations = 50 / \$ 500 |   | SEARCH FEE          |                        |                               | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |                                  | minus 100 =                        |                     | / 50 =                                      |                             |   | X \$ 125 =          |                        |                               | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |                                  | 5 minu                             | us 20 =             | *   |                             |   | X \$ 25 =           |                        | OR                            | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS  |  |                                  | minus 3 = *                        |                     | *   |                             |   | X \$ 100 =          |                        | OR                            | X \$ 200 =                 |                        |
| MULT  | IPLE DEPEND                                    | ENT CLAIM PRI                    | SENT                               |                     |   |                             |   | + \$ 180 =          |                        | OR                            | + \$ 360 =                 | -                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |                                  |                                    |                     |   |                             |   | TOTAL               |                        | OR                            | TOTAL                      | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |                                  |                                    |                     |   |                             |   | SMALL ENTITY        |                        | OR                            | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   | 5  | CLAIMS REMAINING AFTER AMENDMENT |                                    | HIGI<br>NUM<br>PREV | HEST<br>MBER<br>IOUSLY<br>O FOR             | PRESENT<br>EXTRA            |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * 5                              | Minus                              | ** 20               | <u>ာ</u>                                    | = O                         |   | X \$ 25 =           |                        | OR                            | X \$ 50 =                  |                        |
|   | Independent                                    | • 1                              | Minus                              | ···3                |   | = O                         |   | X \$ 100 =          |                        | OR                            | X \$ 200 =                 |                        |
| ٨   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    |                     |   |                             |   | + \$ 180 =          |                        | OR                            | + \$ 360 =                 |                        |
|   |  |                                  |                                    |                     |   |                             |   | TOTAL ADDIT.<br>FEE |                        | OR                            | TOTAL ADDIT                |                        |
| (Column 1) (Column 2) (Column 3)  |  |                                  |                                    |                     |   |                             |   |                     |                        |                               |                            |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT |                                    | NU<br>PREV          | HEST<br>MBER<br>/IOUSLY<br>D FOR            | PRESENT<br>EXTRA            |   | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *                                | Minus                              | **                  |   | =                           |   | X \$ 25 =           | <u> </u>               | OR                            | X \$ 50 =                  |                        |
|   | Independent                                    | *                                | Minus                              | ***                 |   | =                           | 1 | X \$ 100 =          |                        | OR                            | X \$ 200 =                 |                        |
| ~   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    |                     |   |                             | 1 | + \$ 180 =          |                        | OR                            |                            |                        |
| <b> </b> -  |  |                                  |                                    |                     |   |                             | _ | TOTAL ADDIT         |                        | OR                            | TOTAL ADDIT                | r.                     |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                  |                                    |                     |   |                             |   |                     |                        |                               |                            |                        |